

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to: 1-8-03

* 01-348
 Kevin M. Walsh
 Irwin, Campbell & Tannenwald, P.C.
 1730 Rhode Island Avenue, N.W.
 Suite 200
 Washington, DC 20036-

2. Article Number (Copy from service label)

0023 0771 2030

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0952

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) B. Date of Delivery

C. Signature

☒ X☐ Agent
☐ AddresseeD. Is delivery address different from item 1? ☐ YesIf YES, enter delivery address below: ☐ No

3. Service Type

☐ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ YesDOCKET NO. 01-348

RECEIVED & INSPECTED

JAN 22 2003

CERTIFIED

MAIL

RETURN-MAIL ROOM

REQUESTED

NAME: Kevin M. Walsh
 Irwin, Campbell & Tannenwald, P.C.
 1730 Rhode Island Avenue, N.W.
 Suite 200
 Washington, DC 20036-

C. R. R. NO.

BY

U.S. Postal Service

CERTIFIED MAIL RECEIPT

(Domestic Mail Only; No Insurance Coverage Provided)

Article Sent To:

Postage \$

60

Certified Fee

2.30

Return Receipt Fee
(Endorsement Required)

1.75

Restricted Delivery Fee
(Endorsement Required)

Total Postage & Fees \$

4.65

Name (Please Print Clearly) (to be completed by mailer)

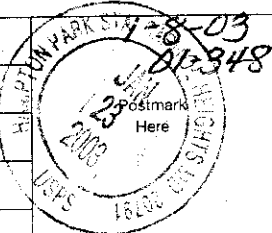
KEVIN M. WALSH

Street, Apt. No., or P.O. Box No.

1730 RHODE ISLAND AVENUE, N.W.

City, State, ZIP+4

WASHINGTON, DC 20036



01-348

7000 0600 0023 0771 2030